PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

		CLAIMS AS	S FILED - (Column			(Column 2)		SMALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS ,			35					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		* 15	* 15		X\$ 9=		OR	X\$18=	270
INDEPENDENT CLAIMS			# minus 3 = *		* /			X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1126
CLAIMS AS AMENDED - PART II							OTHER THAN					
		(Column 1)		(Colum		(Column 3)	1 ,	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		ا _م ا	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)		ADDIT. FEE		1 /	ADDII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMEI	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	:	OR	+290=	_
								TOTAL ADDIT. FEE	·		TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	** 1		=		X\$ 9=		OR	X\$18=	
VME	Independent	<u> </u>	Minus	***		=		X43=		oR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM			+145=		OR	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								-	L	TOTAL	:
***	If the "Highest Nur	mber Previously Pa mber Previously Paid mber Previously Paid	aid For" IN THIS	S SPACE is	s less that	n 3, enter "3."		ADDIT. FEE L nd in the app	ropriate box		ADDIT. FEE l umn 1.	